Asthma: Rollout, implement and embed the National Asthma Bundle across Education, Social Care, Healthcare and Community Systems

NENC CHWN

Progress 2022-23

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ICS Integrated Care System North East & North Cumbria

beat asthma

Child Health and Wellbeing Network North East and North Cumbria

Executive Summary

The overarching long-term aim of the Asthma Leadership Group is to roll out, locally develop and embed the National Bundle of Care across the whole Education, Health, Social Care and Universal and Community Service systems to:

•Reduce avoidable harm from Asthma (control and reduce the risk of asthma attacks)

•Improve the quality of life

•Whole system approach (environment, education, personalised care, preventative medicine and improved accuracy of diagnosis)

Following on from the findings and recommendations paper available here we have progressed in the following areas:-

- System-wide engagement
- Primary Care/Community Pharmacy
- Secondary Care
- Education Settings

Acknowledgements

Over the last 12 months, we have been able to benefit from the commitment and specialist expertise of members of the Asthma Leadership Group and wider partners and stakeholders in the delivery of a range of interventions to progress the rollout of the National Asthma Care Bundle.

This update report outlines progress in relation to the CYPT Deliverables Framework and has only been possible due to the work and engagement of the following colleagues

- Dr Samantha Moss
- Dr Neelmanee Ramphul
- Dr Ahmed Hegab
- Dr Andrew Bright
- Carol Barwick
- Clare Caygill

- Nichola Jackson
- Ann Kirk
- Laura Self
- Alice Walton

Support, resources and guidance has been received from many individuals agencies and organisations including:

- Dr Jen Townshend
- Healthier Together Clinical Reference Group
- Schools North East
- NENC Long Term Conditions and Physical Health Network (Respiratory Group)
- AHSN
- NEQOS
- Northumbria University
- Mortal Fools CIC

Special thanks also go to the primary schools that have worked with us on the development, establishment and implementation of the BAFS Accreditation Framework:

- Brighton Avenue Primary School, Gateshead
- Central Walker C of E Primary School, Newcastle
- Copeland Road Primary School, Durham
- Grangetown Primary School, Redcar and Cleveland
- Hudson Road Primary School, Sunderland
- Mill Lane Primary School, Stockton-on-Tees
- Morpeth First School, Northumberland
- Normanby Primary School, Redcar and Cleveland
- Percy Main Primary School, North Tyneside
- Reid Street Primary School, Darlington
- Sunnyside School, Middlesbrough
- Villa Real School, Durham
- West View Primary School, Hartlepool

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Background

Asthma is the most common long-term medical condition in children in the UK, with around 1 in 11 children and young people living with asthma. The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe. Outcomes are worse for children and young people living in the most deprived areas. NHS England and NHS Improvement's ambition is to reduce avoidable harm to children and young people from asthma and improve their quality of life. There is wide geographical variation in emergency asthma admission rates for children across the UK. Most emergency admissions are preventable, with high-quality management (including the use of asthma plans) and early intervention to address the deterioration in control. The children and young people asthma audit, a component of the National Asthma and COPD Audit Programme (NACAP), is a continuous clinical audit with an episodic organisational audit component. It launched in June 2019 and captures the processes of care, and clinical outcomes of treatment for children and young people admitted to hospitals with asthma attacks. The most recent data found that 66.8% of children and young people admitted to hospital with asthma attacks presented with severe or life-threatening features of acute asthma, and 19.5% were so severely ill they required intravenous therapy.

NHS England and Improvement worked with key stakeholders, including young people and their families, to develop a National Asthma Care Bundle for Children and Young People with Asthma (NACB) to support local systems with the management of asthma care. The programme sets out the blueprint of evidence-based interventions to help children, young people, families and carers, to control and reduce the risk of asthma attacks and to prevent avoidable harm. The bundle covers each of the following components based on the patient pathway:

- Environmental impacts
- Accurate and early diagnosis
- Effective preventative medicine
- Managing exacerbations
- Severe asthma

Two additional working groups were formed to support the development of the bundle as golden threads through the programme:

- Asthma Competencies, Training and Education Needs
- Data and Digital

Core 20 Plus 5

Asthma is highlighted as one of the additional clinical areas of vulnerability within the National CYP Core 20 Framework as well as the NENC ICS Local interpretation. We support the wider understanding of this framework for other systemwide colleagues, and this underpins the programme.

Anaphylaxis Campaign report that 17% of fatal food-anaphylaxis reactions in school-age children happen while they are at school and 20% of anaphylactic reactions in schools are in children with no prior history of food allergy.

The European Academy of Allergy and Clinical Immunology report that allergy is the most common chronic disease in Europe. Up to 20% of patients with allergies live with a severely debilitating form of their condition and struggle daily with the fear of a possible asthma attack, anaphylactic shock, or even death from an allergic reaction.

BeatAnaphylaxis paediatric anaphylaxis audit data from 2019 showed that there were 76 cases of confirmed anaphylaxis admitted to hospitals in the North East region in that year, one of which resulted in the death of a young person. This work has highlighted that pre-hospital management of anaphylaxis was often sub-optimal.

Systems Engagement

The ALG has undertaken significant activity to promote the awareness and the use of the resources and has made pleasing progress in terms of systemwide engagement

Ask About Asthma (AAA) 2022 Campaign.

The CHWN has produced a slide outlining our plans, progress and aims for the NENC ICS Asthma programme for the Healthy London Partnerships AAA website. The CHWN facilitated and produced a Podcast about the role of the Community Asthma Advisors and the local challenges re HI and deprivation in the NENC ICS region. This was described as the 'most listened to podcast' within the Healthy London Partnerships AAA Oct 22 evaluation report

National CYPT Asthma Community of Practice

Members of the ALG remain active participants and contributors to the Asthma CoP and as such are engaged with specific discussions and programmes of work.

Systemwide communication and engagement

The CHWN has led the programme of communication across the system and has maintained correspondence about progress and sought support and engagement with sectors of the ICS, correspondence has been made in Dec 21, February 22, April 22, June 22, August 22, September 22 and most recently in November 22.

This systemwide engagement has supported the baselining and scoping work and ICS members' participation in a systemwide survey, including participation from CYP and families (127 points of contact with CYP and families in total) has resulted in the formalisation of findings and recommendations report.

The baselining questionnaires circulated amongst children's professional workforce in Dec 21 and Jan 22 received pleasing response rates, 198/c1400 school reps, 104/c570 primary care reps, and 8/8 secondary care reps. This information has been brought together with feedback from CYP and families. The subsequent findings and recommendations report has been available since June 2022 and has been downloaded 154 times.

There has been sustained promotion through a variety of means including regular updates via the CHWN CHT distribution, the CYPT Asthma Community of Practice and various Networks and Forums, including the Tees Managed Clinical Network, the Physical Health and Long-Term Conditions Network, the Respiratory Interest Group and Medicines Optimisation subgroup. In addition to this CHWN OOG has been sighted on this work at various points of the programme and Clinical Leads have supported with OOG presentation on April 22.

Despite some challenges, we have worked hard to engage the following professional groups in this work:

- Primary Care Colleagues including ICB Primary Care Commissioning Leads
- ICB CYP Commissioning Leads
- Local Education Authority (LEA) Education Leads and Directors for Children's Services
- Education colleagues
- LA Public Health Commissioning Leads
- 0-19 Universal Services Service Leads/Managers

The engagement has been varied with some LEA areas being supportive and cooperative and others presenting more whole-scale challenges.

We have engaged with Schools North East to also support the messaging and comms to help engage the system in the absence of LA support.

Further to this ALG leads remain in liaison with NEAS about data, training and improvement and reciprocal support. Leads from the Healthier Together workstream have been included in these discussions to enable the effective provision of advice and guidance to families who are not brought into emergency care.

Engagement and liaison remain continual with the PHLTC Network and with the MCN, RIG and other various subgroups for example medications optimisation as well as close liaison and co-operation with the Tees Respiratory Lead. The ALG is represented by one of our Clinical Advisors at the NENC CHWN TRIPT programme of work and there are examples of cross fertilisation for example the potential use of CAB housing template letters.

The ALG has supported communication via social media for example Twitter and have received likes and retweets. This area of communication requires further improvement and enhancement, primarily due to the limitations of time and also the skills of the ALG to take full advantage of this opportunity to connect. Specialist comms support and involvement have been sought within the CHWN team and there has been the supportive promotion of particular aspects of this work, for example, AAA 2022, training availability, CHT updates on a very frequent basis and most recently the Asthma Webinars, which included the support to develop and design the flyer, facilitate and arrange the Eventbrite link and to support with making the webinar available online. The online recordings of both webinars will be promoted via CHT.

Primary Care / Community Pharmacy

Community Asthma Advisors/Clinical Advisors and Network Delivery Managers (any combination) have been undertaking liaison with Primary Care Commissioning Leads and PCN leads to gain access to GP and Primary Care Education Forums.

Time in Time Out Sessions (TITOS)

We have undertaken at TITOS in 11 of 13 Local Authority Boundary Areas. We have been unable to engage the Durham TITO event and have a session planned for September 23 for North Tyneside.

Total attendance so far at PC TITO (or similar) forums has been c650 individual points of contact. These have been a mixture of virtual and face-to-face sessions.

FAQs and discussion topics have been gathered from these events and have been used to influence the content for the Primary Care Webinars.

These have been generally well received, feedback from TITOs has been :

- "Really helpful informative presentation, got me thinking about what improvements we can make in our practice"
- "We have implemented an action plan following the presentation"
- "Best presentation of the day"

Area presentations

Red blocks not completed/ Green completed / Yellow booked sessions

Area	PCN/TITOs	Education	Beat asthma friendly school	Public Health	Public health nurses	Other
Redcar Cleveland						SENCO s
Middlesbrough					HDFT meeting	Commissioner . HDFT meeting
Stockton					HDFT meeting	Education improvement. HDFT meeting. Public health
Darlington					HDFT meeting	Email sent to 0-19 service lead. HDFT meeting . SENCO s
Hartlepool						
Durham					HDFT meeting	Working Public health
Sunderland					HDFT meeting	Governors. HDFT meeting.
Gateshead					HDFT meeting	Public health /Asthma pilot project
Newcastle						SEND Nurse Co Ordinator NENC
Northumberland					HDFT meeting	HDFT Service meeting.
North Tyneside	12/09/23 Gosforth Hotel		Not completed			
South Tyneside						
Cumbria	Cancelled to be arranged		Not completed			

In addition, we have developed and made available a recorded presentation for Primary Care which has been downloaded 8 times since 3rd January 2023.

Referral Pathways

We have co-produced a Primary to Secondary Care referral pathway, which has been approved by the HT Clinical Reference Group, which has so far (as of 31/05/23) been downloaded 2918 times since 16th January 2023.

Webinars

The CHWN hosted 2 Primary Care Webinars in January and February. They were attended by over 100 participants (186 were registered to attend) within which there was lots of participation and active discussion verbally and via the chat. These sessions have been recorded and shared with participants as have the slides with all the relevant links and resources. So far between 8th February 23 and 31st May 23, there have been 1352 views of the recordings

Targeted Practices

Further to this the Pharmacy Asthma Advisors have been working into some selected Practices in areas that have particularly high rates of non-elective admission for asthma-related illness. 3 PCNs (a total of 17 GP Practices were identified based on the combined number of admissions into the trusts that were presenting with the highest admission rates for CYP with asthma-related illness and this information was then triangulated with IMD codes to highlight PCNs with practices in the localities of highest deprivation. This work has involved face-to-face education-based intervention, practice visits, staff guidance and 'training'/navigation sessions to promote and encourage training (Level 2 and Level 3) – demonstrating how to use ARDENS for localised reporting and to support the development of systems and processes to improve the intervention for CYP with Asthma.

Community Pharmacy

Further to the involvement directly in the Practices, there has also been engagement with 30+ community pharmacies that form part of the identified PCNs. Work has been done to signpost to the training (Level 2) and to develop and enhance their role and understanding in relation to effective community asthma care. Work is underway to develop a document which describes the role of the pharmacist and also to provide some helpful handy hints and tips to support them to navigate the most appropriate pathway given a range of presenting circumstances.

This highlights the key opportunities that they have to provide support and advice and signposting to parents as well as taking a key responsibility to highlight and escalate any anomalies or medication issues where overuse of SABA may be an issue and where there may be examples of non-compliance around preventer medication. This document has been downloaded 1567 times between April 23 and the end of May 23.

Another priority area of work in relation to Community pharmacy is the workaround 48–hour review in the community. This is an innovative, collaborative programme of work that, as yet, is not up and running anywhere else in England (to our current understanding) and is based on an existing UTI pathway which has been effective and is evidence-based. It is widely the case that the required 48-hour reviews by the registered GP practice are not happening due to delays in notification, communication, workforce and capacity issues. The Pharmacy Advisors have worked closely with LPC and MCN colleagues to develop and establish a working group to look specifically at designing and embedding a pathway where 48-hour reviews can be done in the community by the community pharmacist, managing escalations as necessary. The intention will be for this to be managed and renumerated via the Pharm Outcomes system. It has taken some intensive work to bring this to the stage it is currently at after previous consideration of another mechanism (DMS+) which was found to be unfit for purpose. A pilot for the proposed Pharm Outcomes 48-hour review pathway is planned to commence in June 23 which has been supported and influenced by the ALG pharmacy colleagues.

Secondary Care

One of our Clinical Advisors has led the engagement of Secondary Care services, this has been using correspondence, one-to-one meetings and the offer of further engagement opportunities and whole-scale meetings/presentations at PANNEC in October 2022. Individual liaison has continued throughout.

We have produced a secondary care newsletter which is envisioned to become a regular newsletter where experiences and hints can be shared.

We have co-produced a Secondary to Tertiary Care referral pathway which has been approved by the HT Clinical Reference Group, which has so far (as of 31/01/23) been downloaded 2918 times between 16th January 2023 and 31st May 23.

NEAS

Further to this, the ALG is engaged with NEAS in relation to available data, advice guidance and support via the HT platform, training for ambulance crew and call handlers in relation to asthma management and medication and also review and enhancement of the kit on board emergency vehicles to manage asthma-related respiratory distress. The ALG are also in discussion about the potential of using this workforce to support the 48-hour review process. This work has been paused due to the sickness absence of our contact but is currently being followed up with a Quality Improvement Manager.

Healthier Together

The resources available on HT are promoted at every given opportunity, all of our shared resources are hosted on HT and links are provided within our written correspondence as well as included as hyperlinks on the Presentation slide decks.

We work closely with the HT Leads within the CHWN and all resources have been approved via the HT Clinical Reference Group before they have been published on the website. HT clinical leads and colleagues have been influential in the content of some of these and have provided appropriate challenges and discussion. We have contributed to the Healthier Together Lunch & Learn Sessions. Respiratory Illness Lunch and Learn was delivered in October 22, with 59 registered participants, since this there have been 16 downloads of the resource from HT.

Education settings

Community Asthma Advisors/Network Delivery Managers (any combination) have been undertaking liaison with LEA Education Colleagues to gain access to Education Forums.

We have undertaken (or have booked and planned arrangements for delivery before the end of March 23) at Headteachers Forums, SENCO meetings, and School Governors meetings in 10 of 13 Local Authority Boundary Areas. We have been unable to engage North Tyneside, South Tyneside, and North Cumbria.

Total attendance so far at Heads Meetings (or similar) forums has been c450 individual points of contact. These have been a mixture of virtual and face-to-face sessions.

FAQs and discussion topics have been gathered from these events and will be used to influence the content for the Education Webinar which is planned for post-April 23.

These have been generally well received, feedback from Education colleagues has been :

- "Well done thank you"
- "Just to say a bit thank you for giving up your time to attend and deliver your sessions"
- "Fab presentation thank you"

We have developed and made available a recorded presentation for Education settings which has been downloaded 6 times since 3rd January 2023

In addition to the generalised support and advice that has been provided by the Community Asthma Advisors, there have been 2 examples where more bespoke support has been provided which has resulted in the development of a stepped escalation pathway to support CYP who have additional and multiple vulnerabilities. No clinical advice has been provided under the provisions of the role of Community Asthma Advisor.

We have co-produced multiple resources, for example, the school's policy (please link), the school's accreditation framework, and template letters for schools, which have been approved by the HT Clinical Reference Group, which has so far (as of 31/01/23) have been downloaded many times since 16th January 2023, see table below:

Page name/link	No of pageviews	Unique pageview - the number of sessions during which the specified page was viewed at least once. A unique pageview is counted for each page URL + page title combination	Downloads
Healthier Together | Asthma referral letters for schools and clubs (nenc-healthiertogether.nhs.uk)			49
Healthier Together | Beat Asthma friendly school | School Policy (nenc-healthiertogether.nhs.uk)	20	11	82

Pleasingly, c91% (May 23) of the training uptake for the Level 1 E-Learning for Health tiered training (which has been available since April 2022) is from the education sector which has been influenced by the promotional and signposting activity within these presentation sessions and active promotion by the CHWN and ALG members.

Accreditation Framework for Beat Asthma-Friendly Schools

The Facts of Life for Children and Young People Growing up in the North East and North Cumbria (NENC) identified that the NENC region as a whole has a higher proportion (29.4%) living in the 20% most deprived areas of England than the national average (20.2%). All of our local authorities except Eden have a higher Index of Multiple Deprivation (IMD) 2019 deprivation score than the national average of 21.7. At a locality level using the most recent available data:

It is recognised that education settings and Local Education Authority partners are key contributors in relation to the delivery of improvements to asthma care in the community. Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence that improved asthma control improves school attendance and performance.

The detailed survey into education settings between January and February 2022, with the support of the Local Authority and other colleagues found that a significant proportion of the school settings that responded (67%) indicated that they would be interested in working towards either asthma or anaphylaxis-friendly accreditation, or both.

We used an EOI process to identify 15 settings, at least one mainstream education setting (for primary school age children) in each of the Local Education Authority boundary areas within the NENC ICS footprint (and a single special educational needs setting) to support us with this and to pilot the roll-out and establishment of the Asthma Friendly Schools Accreditation Framework

We targeted this opportunity in settings in more deprived communities where socioeconomic and health inequalities are most prevalent. Priority was given to settings where there are proportionately higher numbers of CYP with asthma in the school setting. An EOI form was created to capture information and organisational status to enable appropriate selection in line with the eligibility and selection criteria (which was published at the same time as the EOI opportunity)

27 expressions of interest were received, and 21 settings completed the EOI.15 Settings from across 13 LEAs have been identified.

To date (end May 23) 12 of the pilot schools have completed accreditation, another is expected to complete shortly. Unfortunately, 2 schools were unable to complete this due to staff changes. Part of this work has been to develop a model for sustainable delivery post-April 23 which is still an area in development although resources have been developed and a process has been described and published on HT (Child Health and Wellbeing Network Beat Asthma Friendly Schools)

Mortal Fools

Research has found that an increase in the incidence of depression and anxiety has been reported in children with asthma compared to those without asthma and it is commonly understood that improving the resilience and emotional wellbeing of children and young people improves their health, education and other outcomes.

The CHWN negotiated a programme with Mortal Fools to enable access to the online and interactive Melva resources for the settings that had agreed to work with us. Meaning they can access the resources, support and guidance for a whole academic year for the whole school, without any further obligation to continue post-September 23.

The MELVA programme aims to use theatre, storytelling and practical activities to:

- Help young people better understand their worries and anxiety
- Provide young people, their teachers and their families with child-friendly, accessible language to talk about and deal with mental health and wellbeing
- Address mental health stigma by encouraging open conversations between young people, their peers, and the adults in their lives about worries and anxieties

Data and Digital: Tiny Medical Apps

The ALG is working with Tiny Medical Apps in relation to the implementation of a digital application to enable an evaluation of patient benefits and value for money to be completed and a business case for ongoing local funding developed. NHS England Transformation Directorate has provided funding (Digital Health Partnership Award via NEL ICS) for the Digital Health Passport to be evaluated by each ICS for nine months, with no ongoing commitment.

The Digital Health Passport (DHP) is a self-management app for long-term conditions aimed at people thirteen years or older. The current focus is on asthma and allergies with the potential to support other long-term conditions in the near future. There are current challenges and delays with this work due to IG provisions. The ICB SIGN and Digital Delivery Group have been sighted on

this work on 21st November 22, 5th December 22, 6th January 23 and 5th February 23, 2nd March 23, 6th April 23 and 4th May 23.

Data collection/analysis

The ALG has experienced significant limitations and challenges in terms of access to meaningful and measurable data due. Although the national asthma dashboard does provide some data, currently this is not granular enough to measure the deliverables laid out in the National Bundle of Asthma Care. Exploration with NECS CSU and other agencies in relation to access to primary care data took place as far back as Jan 22 but with limited success.

In terms of data that has been identified and has been gathered (or is still in the process of being gathered) there are several strands of work in progress

Primary Care Data

Primary Care Data is unavailable at source due to IG issues and limitations with what is available as existing data flows (QUOF data). Further to this Primary Care data is currently excluded from the National Asthma Dashboard. Work has been done to identify a series of indicators which would be helpful to measure impact, change in practice and improvements in the local offers to CYP and families. These Indicators are as follows:

- Prevalence of asthma in children and young people, by age (for those aged 0-17 years) [AST0061 – current QOF register is 6+ years] – and PCAs.
- Proportion of children and young people with asthma who have received an asthma review in the previous 12 months [AST0071] – and PCAs.
- Proportion of children and young people with asthma who have a personalised asthma action plan (PAAP) which has been updated in the previous 12 months [part of AST0071]
- Proportion of children and young people with asthma whose inhaler technique has been checked in the previous six months [part of AST0071] – and PCAs for AST007 overall.
- Proportion of children and young people with asthma in whom there is a record of either personal smoking status or exposure to second-hand smoke in the previous 12 months [AST0081] – and PCAs.
- Proportion of children and young people with asthma who received a follow-up in primary care within 48 hours of being discharged following hospital admission
- Identification of (number and proportion of) CYP with asthma who have a record of severe (or difficult to treat) asthma
- Children and young people with a current asthma diagnosis but no inhaler prescribed

- Children and young people with an inhaler prescribed but no current asthma (or other respiratory) diagnosis
- Number of exacerbations in the last 12 months per patient (CYP) with asthma.
- Data relating to housing quality / environmental factors and asthma exacerbations (CYP with severe or complex asthma)

We have engaged the support of NEQOS and the AHSN and have collaboratively developed a specification who are progressing a project to be able to capture and flow this data from 58 GP practices in Durham and data from 2 PCNs in the Tees footprint. Receipt of data from these sources will allow NEQOS to develop a report as proof of concept, to demonstrate the ability to report on the extent to which delivery of the asthma bundle of care is taking place in the region by primary care, with an option to expand and further develop this in future, subject to availability and refinement of data sources. In addition, limitations of data sources will be explored with recommendations to improve reporting capabilities in subsequent years. This work remains underway although challenges and delays have been reported. No data is yet available, despite a commitment to deliver the project within the existing work programme.

Further to this, the Pharmacy Advisors have gathered and collated some baseline data/soft intelligence from the practices and community pharmacies that have received the targeted intervention. The lines of enquiry were as follows:

- Awareness of NACB
- Confidence in completing paeds annual asthma review
- Confidence discussing asthma triggers
- Knowledge of inhalers and the environment
- Confidence in suggesting a switch to a more environmentally friendly inhaler
- Inhaler disposal

Secondary Care Data

Emergency Department admissions data is available by Trust, PCN and Individuals on the CYPT Asthma Dashboard since May 23. Further information is described in the Impact section of this report.

Emergency/Essential Patient Intervention/Conveyancing Services Data

The ALG has progressed discussion with NEAS in relation to access to non-identifiable data to further the understanding of activity and to provide a baseline for evaluation and evidence

impact following access to training opportunities by call handlers and crew and also with a review of equipment on board emergency vehicles. These conversations are in their infancy and we do not have access to any meaningful data currently.

Schools Impact Evaluation Data: Asthma Management

As part of the pilot schools group, we have developed some metrics to evaluate the impact of the BAFS accreditation framework in relation to their confidence and ability to effectively support CYP with asthma (or suspected asthma) and their families. The responses have been collated and the findings are as follows:

- Information provided at the beginning of the process received an average score of 7 and that they felt generally well informed but would have benefitted from further information about timescales and how Melva was linked to the accreditation.
- The resources and information that they received to support implementation scored an average score of 9 and were described as “very useful”, “very straightforward, simple and easy to understand”
- 12/13 had attended the bi-monthly meetings and 10/13 viewed the recorded sessions. Feedback regarding the content received an average score of 8, participants felt that they were a helpful forum to “discuss expectations”, and “hear about other settings” and that they were a “useful reference to go back to” Other feedback suggested that the “timing wasn’t always great” and that they were a “long meeting” and that “face to face sessions would have been preferred”.
- 11/13 settings have received contact from the Community Asthma Advisors. Their input received an average score of 8 and feedback from the respondents confirmed that “they haven’t needed input”, that they were “very encouraging/understanding” that they “reply to emails quickly” that they provided advice and reassurance” A concern was raised by one set relating to a change in link Community Asthma Advisor and “no new link identified”.
- When asked about what further support would have been required, responses from the group included “face-to-face was preferred”, “timelines to be clear at the outset” and that an initial physical audit to establish a baseline would have been helpful.

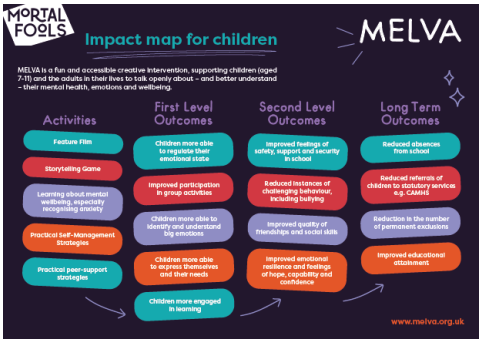
- In consideration of the ease of practical implementation of the asthma policy and accreditation framework locally the process received an average score of 8 and comments included “very easy and straightforward”, “most practices in place but needed small changes”. Other feedback highlighted “time constraints”, “data was not easily retrievable”, “need more time to embed” and challenges in getting access to PAAPs from parents/carers.”

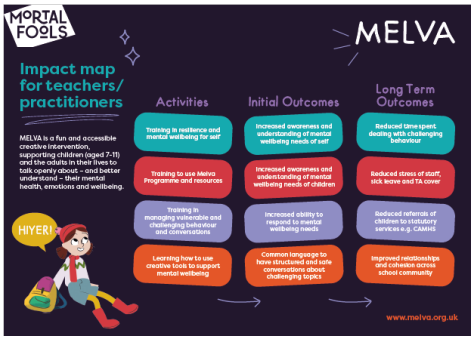
- Suggestions about what might have helped the local implementation included “improved access to PAAPs”, “more time to complete training”, and “same timescales as other settings” (not all settings commenced in Sept 22)
- Most settings have not required input from their Community Asthma Advisors, comments received included “could easily implement as guidance was clear and straightforward” and “doable with a selection of available resources” but that without the initial input “it would not have been implemented as quickly”
- There was a varied response about the number of hours invested to develop systems and processes to respond to the requirements with participants having identified anywhere between 2 and 25 hours.
- Local challenges included “parental engagement”, “obtaining PAAP from parents” (follow-up with Primary Care required) “photocopying inhaler px” “labelling in meds folder” “setting time aside for training” and “short timescales”
- Respondents provided some ideas for how the process could have been improved for example “clusters of schools could link up and share good practice”, “documents to be available individually rather than a long singular document”, “produce a guidebook”, “longer timescale to complete”, “meetings to be shorter and on varied days” and the suggestion to “delivery (by the Community Asthma Advisor) of an assembly or workshops”
- The respondents were asked to rate their level of confidence to effectively support CYP with asthma before and after commencement of the accreditation programme and all bar one school indicated improved confidence levels (average score before was <6 and average score following was >8)
- There have been a huge number of examples of positive practice and/or changes in practice and settings have provided case study examples:
    - *now have a record of inhaler use and can flag patterns of overuse/increase*
    - *Good to update staff CPD*
    - *Governor completed training with staff*
    - *Online training done at twilight (staff given time to complete)*

- *Contacted parents to advise them that they should have PAAP*
- *Photocopying inhaler to clarify that parents have said*
- *Training is undertaken by a large % of staff*
- *Linked work on Sunderland climate-friendly schools project*
- *Senior leads on board throughout*
- *Building links with parents*
- *Open access to parents (visit/meet/greet) to provide assurances*
- *Monitor absences much more closely (particularly those related to asthma)*
- *Referred parents back to GP for reasons of uncontrolled asthma (prolonged absence)*
- *Raised awareness amongst Y3 and Y4 about what to do if someone has an attack*
- *Clean air plans introduced in school*
- *Increased profile by training and the logo competition*
- *Policy now separate from other medical policies*
- *Useful examples of how personal plans can be more detailed to respond to asthma and how it presents in different children*
- *Due to the accreditation programme all staff aware of policies and systems*
- *Child involvement – Y6 pupils have taken on board how asthma can affect anyone*
- *Parental involvement (sending ACT was a good way to initiate conversations)*
- *Using children's views was a helpful opportunity to spark conversations between parents and children*
- *Junior Asthma Ambassador*
- *Assembly/ logo competitions for the whole school to raise awareness*
- *Changes to the admissions policy*
- *Set up a class red bag*

Schools Impact Evaluation Data: Mental Health and Emotional Wellbeing

The ALG has worked closely with the pilot schools and Mortal Fools to develop a framework (Impact Map) for the evaluation of outcomes and impact for the Melva resources. Although technically outside of the scope of the Asthma Programme, the ALG considered it important to be able to evaluate the impact of the intervention and the offer/incentive by the CHWN.





It is of note that schools have been managing conflicting priorities and some of the settings have yet to establish a mechanism and plan to utilise the resources within their day-to-day teaching and lesson planning.

Information is not yet available due to access and implementation still being in the early stages, however, by the end of June 23 we will be able to provide qualitative information and evaluation data to demonstrate the impact and outcomes of using the Melva resources for CYP and also for the school staff team

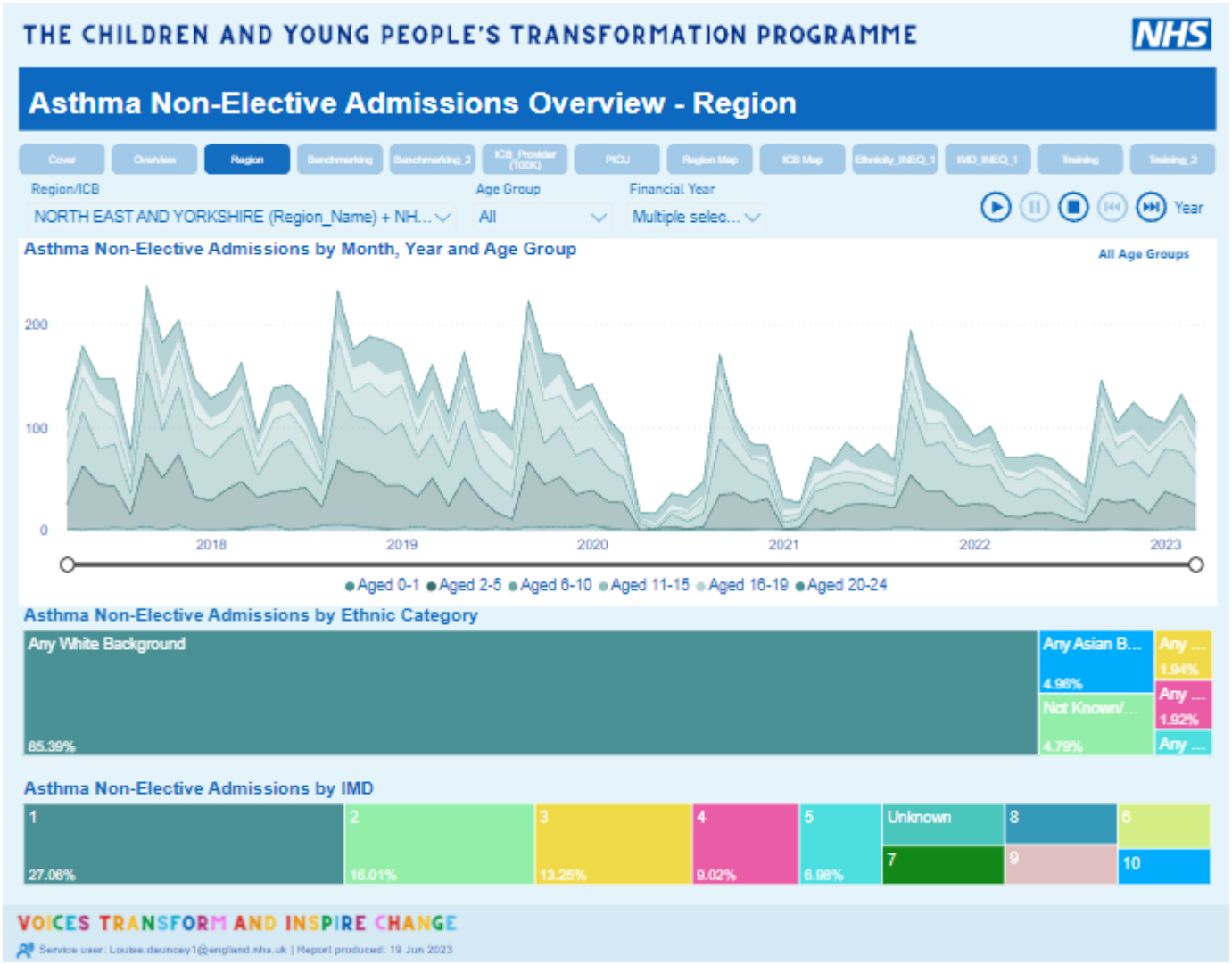
Impact

It is difficult to ascertain the true impact of the work at such an early stage in a 3-year programme of activity. This is further challenged by the limitations of the data available. Despite efforts to collect meaningful and measurable data the current data available to us is scarce. It also must be noted that the information is not available in sufficient granularity to enable the effective deployment of resources based on this alone, which is why the ALG has taken further measures to enable this to be supported by the workstream as described in the section above.

Information from the CYPT Asthma Dashboard provides the following intelligence (May 23). This information has only been available since 16th January 2023 and the datasets available are still in their infancy. There are significant developments planned.

Non-elective ED admission

In relation to non-elective ED admission for children with asthma-related illness



This data indicates that there has been less non-elective activity since the commencement of this programme in December 2021 than in previous indicative years, this is the same nationally and is felt to be due to the COVID pandemic and the restrictions that have been in place. However, as the restrictions have been lifted the rate of asthma admissions per 100,000 in the NENC has remained lower than pre-pandemic.

The admission rates in 20/21 have been described by clinicians as an anomaly due to the COVID pandemic and the restrictions that have been in place, meaning that families have had a higher level of anxiety about various day-to-day activities and have perhaps avoided contact and have been exposed to less environmental triggers, allergens and other viruses and infections.

It is recognised that in 19/20 the rate of ED admission was 9.58 per 100,000 fye, in 21/22 it was 4.20 per 100,000 and in 22/23 (part-year effect noted) it is as low as 6.39 per 100,000. This indicates a significant downturn in admissions when compared to the preceding indicative years.

Level 1 E-Learning for Health Online Training

In relation to the tiered training, currently only information for level 1 is available on the dashboard and we have been advised on 23rd January 2023 that there may be functionality issues with the dashboard in relation to this dataset. It is anticipated that the work that we have done in primary and secondary care will result in the uptake of training at level 2 and level 3 however we have been able to baseline this with the limited data that is available.

The Level 1 training has been available and online since February 2022 however in our NENC ICS area, it has only started to be taken up since August 2022 which coincides with our programme of engagement with the LEA departments and the opportunity to take presentation slots at the Heads and SENCO Forums. This indicates that the interaction with education settings since Summer 22 has contributed to Level 1 training take-up. This is further supported by the high proportion of Level 1 training taken up by colleagues in the education sector (91%)

Region/ICB

NORTH EAST AND YORKSHIRE (Region_Name) + NHS NORTH EAST AND ...

Professional Group	Entries (#)	Entries (%)
Community	27	2.93%
Education	840	91.01%
Hospitals	19	2.06%
Other	29	3.14%
Social care	8	0.87%
Total	923	100.00%

School absence/school days lost

There is no centralised system currently in place to collect and analyse this information nationally, regionally or at the LEA level but there are further discussions underway about this with a platform called Study Bugs via the Asthma Community of Practice Group and the NENC are represented within a subgroup that is looking at this. In the North East and North Cumbria, engagement has been made with the LEA SEND and Inclusion Leads in relation to this although this remains a further discussion point and area for development.

Some of the pilot schools locally collect this information clearly in a helpful system and others have had to do more manual trawls. Of the 12 schools that have returned their BAFS data form 42% of them can demonstrate a reduction in respect of school days lost for the same period in the

previous year. One setting demonstrated a reduction as significant as 58% fewer school days missed, between September and December 2022 following the implementation of the BAFS Accreditation framework. 75% of the schools confirmed that the number of instances of hospital admission has reduced or been maintained since the implementation of the BAFS Accreditation Framework. The challenges with this data collection have been noted and indications are that the measures may be too blunt to be able to effectively describe the impact, due to limitations in the time frames considered and there being multiple contributors to the outcomes.

GP Practice/Community Pharmacy Input

In the absence of statistical data about patient list size, asthma plans in place, asthma reviews in the last 12 months, practice prescribing data and other key metrics some soft intelligence has been gathered reflecting the impact of the intervention by Pharmacy Asthma Advisors.

Fifteen Practices within three PCNs in the Sunderland locality received targeted engagement from the Pharmacy Advisors. 13/15 practices completed pre and post-intervention questionnaires. The remaining 2 practices only completed post-intervention questionnaires. The intervention consisted of a physical face-to-face meeting with an update about the NENC asthma programme, information about the National Asthma Care Bundle and detailed support about improving paediatric asthma care including annual reviews, inhaler technique, asthma triggers, sustainability and the environment and also promoting the role of the community pharmacist. Discussions also extended to top tips and hints to support practices to identify, manage and support the local patient population including recording and reporting with some local patient information hacks. Confidence and knowledge levels were scored 1-5 with 5 being the optimum. Feedback to demonstrate the impact of these interventions is summarised as follows:

- 100% of those that received pre and post-questionnaires reported improvement in awareness following the intervention.
- 100% of those that received pre and post-questionnaires reported improvement in understanding components of good paediatric annual asthma review. The average score for all practices following the intervention was 4.
- 100% of those that received pre and post-questionnaires reported improved confidence to complete annual paediatric asthma reviews. The average score for all practices following the intervention was 4.
- 77% (n=10) of those that received pre and post-questionnaires reported improved confidence to observe the CYP inhaler technique. The average score for all practices following the intervention was 4.
- 77% (n=10) of those that received pre and post-questionnaires reported improved confidence to discuss asthma triggers. The average score for all practices following the intervention was 4.
- 85% (n=11) of those that received pre and post-questionnaires reported an improved understanding of which inhalers were better for the environment. The average score for all practices following the intervention was 4.5.
- 77% (n=10) of those that received pre and post-questionnaires reported improved confidence in discussing inhalers' impact on the environment with CYP and family. The average score for all practices following the intervention was 4.5.

- 92% (n=12) of those that received pre and post-questionnaires reported improved confidence to suggest a switch to a more environmentally friendly inhaler. The average score for all practices following the intervention was 4.
- 92% (n=12) of those that received pre and post-questionnaires reported improved commitment to encourage CYP and families to return empty inhalers to community pharmacies. The average score for all practices following the intervention was 4.5.

CYPT Assurance

We have been able to report more completed deliverables on the CYPT Assurance Return than any other of the NEY ICS regions. The extract below has been taken from the March 23 submission to NEY Regional CYP Transformation Leads in relation to the progression on NENC. For submission overview please see Appendix 1 to this report.

Conclusions

Over the past 12 months, the ALG has engaged widely with primary care, secondary care and education.

We have made significant progress towards introducing the Key Deliverables of the NBAC. We have used a wide range of resources to reach stakeholders, e.g. in person and virtual meetings, webinars and available documents. We have also been innovative to try and use existing resources to meet deliverables. E.g., pharmacy involvement in 48-hour reviews.

Barriers

1. Stakeholder engagement – the number of stakeholders across the NENC is huge. Stakeholders who are already interested in the care of CYP with asthma are relatively easy to engage, we need to develop pathways/incentives to engage those who currently do not prioritise this. The targeted work by the pharmacy advisors has helped with this, but this has been very resource-heavy.
2. The delay in training packages has inevitably resulted in a small delay in the delivery of NBAC. In addition, the delay in the data being available on the National Dashboard makes it difficult to target gaps in stakeholder training.
3. The ongoing pressures of the pandemic, the increasing infections over winter, industrial action and the backlog of care caused by the pandemic will continue to impact the priorities of stakeholders (both in education and health).

4. Different management/organisational structures across the region for different stakeholders is challenging. It makes it harder to access stakeholders and also means that interventions that have worked in one area may need changes before implementation in another area.

Priorities/Plan for the next 12 months

1. Further roll-out of the asthma-friendly school accreditation in primary settings and roll-out in secondary settings
2. To address the sustainability of asthma-friendly school accreditation across NENC
3. Improve secondary care acute exacerbation outcomes
4. Identify target areas in primary care and further targeted interventions
5. Complete pharmacy 48-hour review pilot
6. Develop asthma-friendly sports club accreditation
7. Build better links with housing to address NACB
8. On-going education re NACB and training resources available through the existing network

Integrated Care System CYP Asthma Deliverables			
ICS	NENC	Dr Sam Moss (NUTH) Louise Dauncey (NENC CHWN)	
SECTION 1: Progress against key deliverables for 2022/23			
Ref	Standard	Planned delivery date	Delivery confidence (RAG)
			Previous period
Organisational Care			
OC1	OC 1 - All organisations/services must have a named lead with asthma expertise who is responsible and accountable for the dissemination and implementation of asthma standards and good asthma practice which includes CYP.	Apr-22	
OC2	OC 2 - Each ICS should have a paediatric asthma network with an identified lead in paediatric asthma who interfaces with place-based systems and primary care networks (PCNs), secondary care, pharmacy, schools, community and severe asthma services. This network should integrate and transition with adult services.	Jan-22	
OC3	OC 3 - Each ICS should develop and maintain a pathway of referral and ensure responsibilities between primary, secondary and tertiary care. This should include safeguarding at all levels of care.	Jan-22	
Environmental Impacts			
EI 1	EI 1 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the sources and dangers of air pollution with this cohort and ensure they discuss these risks and potential mitigation strategies with them. Integrated care systems should ensure staff are equipped with the tools that will enable them to do this	Mar-23	
EI 2	EI 2 - CYP, parents and carers should always receive information on how they can manage asthma with regards to air pollution. Information should be accessible in such a way that is appropriate to that CYP, this may include live updates through digital apps.	Mar-23	
EI 3	EI 3 - ICS' should ensure they are linked with schools where education around asthma should also be provided. ICS' should consider influencing education bodies to make all schools Asthma Friendly.	Mar-23	
EI 4	EI 4 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the risks associated with poor indoor air quality with this cohort and ensure they discuss these risks with them as part of their personalised asthma action plan. Integrated care systems should ensure staff are equipped with the tools that will enable them to do this.	Mar-23	
EI 5	EI 5 - ICS' should work together to lobby council services to ensure housing quality is not impacting on the health of CYP. CYP at risk of or diagnosed with asthma should be placed in alternative housing if indoor air quality is identified as poor. Severe and Difficult to Treat Asthma Services should agree criteria for rehousing CYP when the environment is thought to be critical.	Mar-23	
EI 6	EI 6 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the risks associated with parental smoking with this cohort and ensure they discuss these risks with them.	Mar-23	
EI 7	EI 7 - Parents and carers should be offered support to quit smoking and ICS' should ensure staff are equipped with the tools that will enable them to do this. All clinicians managing CYP with asthma should be able to refer parents into smoking cessation service	Mar-23	

Integrated Care System CYP Asthma Deliverables			
ICS	NENC	Dr Sam Moss (NUTH) Louise Dauncey (NENC CHWN)	
SECTION 1: Progress against key deliverables for 2022/23			
Ref	Standard	Planned delivery date	Delivery confidence (RAG)
			Previous period
Early and Accurate Diagnosis			
EAD 1	EAD 1 - ICSs should develop diagnostic hubs in primary care, supported by secondary care, that incorporate: *Healthcare professionals trained in making a clinical diagnosis of asthma in CYP *Spirometry and FeNO appliances that are suitable for use in CYP *People trained to conduct these physiological tests in CYP. There should be clear criteria to support appropriate referral to secondary care from these hubs.	Mar-23	
EAD 2	EAD 2 - The diagnosis of asthma in CYP should be based on clinical features of a comprehensive history (incorporating symptoms, attacks, personal and family history), and efforts should be made in children 6 years and older to ascertain an objective marker of airway inflammation and/or variable airway obstruction. These should be conducted according to the most recent national guidelines and protocols.	Mar-23	
EAD 3	EAD 3 - When a diagnosis of asthma is made in CYP, this should be recorded in the notes and coded. When asthma is 'suspected', this should be clearly stated but should only be a temporary classification while further information is sought (e.g. 'watch and wait', referral to secondary care, further testing, or trial of treatment). Children <6 years should either be coded as having 'asthma' or 'episodic wheeze', using a relevant decision aid.	Mar-23	
EAD 4	EAD 4 - ICSs should develop health education strategies for their local population to: *Improve awareness about what asthma is *Its potential severity *Symptoms that should warrant review by a healthcare professional * This should include efforts to address cultural and societal stigma around asthma. Linking with schools - in particular PE teachers - is recommended to reach as many CYP in the population as possible, and empower them to identify if they may need to see a healthcare professional.	Mar-23	
Effective Preventative Medicine			
EPM 1-4	EPM 1-4 - Prescription of medication standards	Mar-23	
EPM 5	EPM 5 - All CYP with asthma should have a Personalised Asthma Action Plan	Mar-23	
EPM 6	EPM 6 - All CYP with asthma should undergo a structured review at least annually. Adherence should be discussed as part of this review and inhaler technique should be assessed and where necessary extra training provided. The review should include an assessment of risk and severity and recent asthma control. Where loss of control is identified, immediate action is required. This should include escalation of responsibility, treatment changes, conversations about adherence and arrangements for follow-up.	Mar-23	
EPM 7	EPM 7 - Patient self-management should be encouraged to reflect their known triggers including stress and air pollution, e.g. increasing medication before the start of the hay-fever season, when there is High or Very High air pollution, avoiding non-steroidal anti-inflammatory drugs or by the early use of oral corticosteroids with viral- or allergic-induced exacerbations.	Mar-23	
EPM 8	EPM 8 – All patient encounters should be viewed as an opportunity to improve the understanding of children and their families. Regular assessment of inhaler technique and re-training where necessary are essential to ensure effective delivery of inhaled medications.	Mar-23	
EPM 9	EPM 9 - Parents and children, and those who care for or teach them, should be educated about managing asthma. This should include emphasis on 'how', 'why' and 'when' they should use their asthma medications, recognising when asthma is not controlled and knowing when and how to seek emergency advice.	Mar-23	

Integrated Care System CYP Asthma Deliverables			
ICS	NENC	Dr Sam Moss (NUTH) Louise Dauncey (NENC CHWN)	
SECTION 1: Progress against key deliverables for 2022/23			
Ref	Standard	Planned delivery date	Delivery confidence (RAG)
			Previous period
Managing Exacerbations			
ME 1	ME 1 - All providers of emergency and urgent care should adhere to minimum standards of assessment, treatment and referral	Mar-23	
ME 2	ME 2 - All providers of emergency and urgent care should adhere to minimum standards of discharge planning.	Mar-23	
ME 3	ME 3 - ICS asthma leads should have an overview of the landscape of CYP asthma in their patch and support providers to be able to identify at risk individuals, communities and geographical risks.	Mar-23	
Severe Asthma			
SA 1	SA 1 - Each ICS should ensure that CYP with severe asthma should have access to a severe asthma service. The service specification includes detail on: *Referral criteria and referral pathway *The service model for a severe asthma service *The type of assessments that should be carried out *Pharmacological interventions *Non-pharmacological interventions *Transition of young people into adult services *Expected outcomes of a severe asthma service	Mar-23	
SA 2	SA 2 - The Severe Asthma National working group support the implementation of a severe asthma registry for CYP. *Providers of severe asthma services in an ICS should ensure that patients are listed on the registry if they have been initiated on biologics or deemed to be appropriate candidates for a biologic but ineligible for treatment due to licensing or NICE criteria	Mar-23	
SA 3	SA 3 - The purpose of severe asthma networks are to advance the standard of clinical care for children and young people with severe or difficult to control asthma by: *Advising NHS Commissioning Groups and other NHS organisations on relevant matters which are referred to the group *Developing, standardising, publishing, consensus guidelines and other authoritative evidence-based information *Developing, standardising and updating educational resources *Coordinating relevant educational activities for network members and locality sub networks *Supporting NHS England in the implementation of relevant policy *Developing, maintaining, interrogating and reporting on disease registers and databases and related research *Collating relevant information and reporting the above disease registries and databases annually *Fostering collaborative clinical research.	Mar-23	
Data and Digital			
DD 1	DD 1 - The CYP asthma dashboard will highlight areas of good practice, enable benchmarking between peers and provide a comparison of national activity. The first phase of the dashboard utilises secondary care data across a number of healthcare settings including 111, urgent and emergency care and secondary care to monitor: *Total calls to 111 *Total attendances to different types of emergency care *Total acute admissions	Mar-23	
TRAINING 1	A CYP Asthma Core Capabilities Framework has been developed and approved by professional bodies, Royal Colleges and relevant Arm's Length Bodies. The tiered framework will sit with a host organisation and be easily accessible to all, including those working outside of healthcare.	Mar-23	

Delivery confidence rag rating				
Red	Amber	Green	Blue Complete	Grey Not started